

## California Emergency Management Agency PUBLIC SAFETY AND VICTIM SERVICES DIVISION

3650 SCHRIEVER AVENUE MATHER, CALIFORNIA 95655 (916) 324-9120 FAX: (916) 324-8554



October 23, 2009

Karen S. Carey, Executive Director Tahoe Women's Services P.O. Box 1232 Kings Beach, CA 96143

Re: Grant Award # AT08051561

Dear Ms. Carey:

On September 29-30, 2009, I conducted a site visit of the Child Abuse Treatment (CHAT) Program operated by Tahoe Women's Services. Thank you for your time and cooperation during the site visit. It was a pleasure meeting you and the other staff who support the CHAT Program, and seeing your agency in person.

During the site visit, we discussed Cal EMA's requirements for the project, the goals and objectives of the program, the project's source documentation, and the reporting requirements. As a result of the visit, I have found the project to be in compliance and functioning within the parameters established in the Grant Award Agreement in most areas. However, there were some findings (out-of-compliance) which require corrective actions. Please send me a corrective action letter by November 20, 2009.

## PROGRAMMATIC REVIEW

Overall, the Programmatic Review appears to be satisfactory. There are three programmatic issues that need to be addressed:

- On 1 of 3 child client files an assessment measure was not completed. There was no
  periodic evaluation of client progress on 2 of 3 files (Program Supplemental 1, see RFA for
  requirements) in treatment using assessment measures (must be minimum
  intake/assessment, every 6 months, and at termination).
   Action Required: Describe your plan to address these two assessment issues in the
  corrective action letter.
- 2. On the intake assessment form there is no place to indicate whether a client has insurance. The R-Client checklist does have a box, but does not indicate the type of insurance. If the client has insurance, but is on a waiting list or no provider is available who accepts this insurance, the client can be seen in the CHAT program. The therapist needs to document that "although the client has "X" insurance, it is in the client's best interest to be seen under the CHAT program immediately because (provide reasons—waiting list, bad experience at Mental Health, language issue, etc.).
  Action Required: Describe your plan to address this in the corrective action letter.

Ms. Karen S. Carey October 23, 2009 Page Two

3. Groups sessions provided for children, who are referred by the school, cannot be "at-risk" for abuse. For all CHAT Program clients there must be indication of abuse, exposure to domestic violence, or strong suspicion of exposure to abuse or violence. It can also include neglect from a substance abusing parent or guardian. Currently, teachers are obtaining permission from parents to refer children to your agency for group sessions, so the CHAT Children's program manager and therapist have little contact with parents. Action Required: Describe your plan to address this in the corrective action letter; include clarifying with teachers the intent of the CHAT Program and how you will screen children (call parents, interview teachers for more detailed information, etc.) to ensure the referred children have experienced abuse or victimization; include updating language in the Children's Policy Manual.

### ADMINISTRATIVE REVIEW

Overall, the Administrative Review appears to be satisfactory. There are two issues that need to be addressed:

- The subcontractor, Sierra Family Services, had not been billing regularly, therefore your agency was unaware of how much was spent on the line item.
   Action Required: Describe in the corrective action letter how you will ensure the subcontracted clinical supervision provided by Sierra Family Services will be billed monthly.
- Match documentation was not being submitted monthly so there is verifiable documentation to back up what is reported on the submitted Expenditure Reimbursement Requests (Cal EMA 2-201).

**Action Required:** Describe in the corrective action letter how you will ensure documentation of match is submitted to your agency's fiscal department on a monthly basis (i.e., receipt for value of time for volunteers or value of donated space). Send me a form you will use to document the value of match or a sample of completed documentation (such as volunteer hours for Oct.).

Please review the enclosed Site Visit Report form. Please sign the cover page and mail it to me at your earliest convenience. Also complete a corrective action letter with the requested actions and return to me by **November 20, 2009.** Should you have questions, please contact me at (916) 323-7425. Once again, thank you for meeting with me.

Sincerely,

Alan Logan, MSW Program Specialist Children's Section

Enclosures

# CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA) CHILD ABUSE TREATMENT (CHAT) PROGRAM PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. GRANT AWARD NUMBER: AT08051561 DATE OF SITE VIST: 9/29-30/09

2. GRANT PERIOD: 10/1/08 – 9/30/09

\$163,927

3. RECIPIENT/IMPLEMENTING AGENCY:

Tahoe Women's Services/ Same

PROJECT DIRECTOR:

Karen Carey

(775) 298-0162

P.O. Box 1232

Kings Beach, CA 96143

## PERSONS INTERVIEWED DURING SITE VISIT:

NAME	TITLE	<u> </u>	<u>AGENCY</u>		
Karen Carey	Execut	ive Director	TWS		
Heidi Allstead	Grants	Manager	TWS		
Linda Rond	Fiscal Manager		TWS		
Jessica Lin	Childre	en's Program Mngr	TWS		
Nina Nazimowitz	Therap	ist	Consultant		
Shawn Benjaminson, MFT	Clinica	al Supervisor	Sierra Family Services		
Barbara Hopkins	Program Manager		Sierra Family Services		
Alan Logan	10/23/2009	Gillsa Miller	10/22/2000		
Signature of Program Specialist	Date	Signature of Section	10/23/2009 Chief Date		
organical of Frogram opecianst	Date	Signature of Section	Cinci		
Signature of Project Representative					
(signing this indicates I have received a c	opy of this report o	and read it)			

ADMINISTRATIVE REVIEW			
1. OPERATIONAL DOCUMENTS	YES	<u>NO</u>	<u>N/A</u>
Review hard copy/verify the ability to access on line:  The Cal EMA Recipient Handbook (R.H.)  The Approved Grant Award Agreement  The RFA/RFP (supersedes the requirement of the R.H.)  The Program Guidelines (supersedes the requirement of the R.H.)  Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars.			
Comments:			
2. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBG	) & AME	DICAR	JINI
ORGANIZATIONS ONLY	) ( ANIE	RICAL	4 1141
<ul> <li>Obtain copy of required CBO bonding? [R.H. Section 2161] Does not apply to state, city, or county units of government.</li> <li>Does the bond show: (Certificate of Liability Insurance)</li> </ul>	$\boxtimes$		
<ul> <li>Bonding company name</li> <li>Bond number</li> <li>Description of coverage</li> <li>Amount of coverage (50% of allocation)</li> <li>Bond period</li> <li>Grant award number</li> <li>Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?</li> <li>Is Cal EMA named on the bond as the beneficiary?</li> </ul>			
Comments: obtained copy; submitted revision with dishonesty and forgery covers		Ш	
3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section Described Project hours their CEQA description of CEQA	on 2153)		
<ul> <li>Does the project have their CEQA documentation on file?</li> </ul>	$\boxtimes$		
Comments: <u>viewed exempt letter</u>			
			8-8
<ul> <li>PROOF OF AUTHORITY (R.H. Section 1350)</li> <li>Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy</li> </ul>	$\boxtimes$		

	INISTRATIVE REVIEW (Continued)	VEC	NO	NT/A
		<u>YES</u>	<u>NO</u>	N/A
5. <u>O</u>	RGANIZATIONAL CHART			
	Review the organizational chart. Are all budgeted positions dentified?			
Comm	ents: deleted advocate position			
6. <u>C</u>	al EMA MODIFICATION (Cal EMA 2-223)		1	
(	Review the purpose/preparation of Grant Award Modification  Cal EMA 2-223). [R. H. Section 7500] (Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA vebsite.)			
	A modification is needed for the following:			
	O Budget changes			
	<ul><li>Change in key personnel</li><li>Adding/changing additional signers</li></ul>			
	o Change goals/objectives, or activities			
	<ul> <li>Address change</li> </ul>			
	o Other			
Comm	ents:			
7. P.	ERSONNEL POLICIES			
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130]	$\boxtimes$		
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130] Do policies include:	$\boxtimes$		
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130]  Do policies include:  Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current			
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130]  Do policies include:  Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions  A current Drug Free Workplace policy statement on file			
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130]  Do policies include:  Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions  A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]	_		
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130]  Do policies include:  Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions  A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]  Work hours	_		
• I	Does the project staff have access to written personnel policies as equired? [R. H. Section 2130]  Do policies include:  Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions  A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]	_		

Comments: provided a CD upon hire, train staff, viewed Employee Handbook of Personnel Policies, viewed Board minutes approving personnel policies.

A	A ID	MINISTRATIVE REVIEW (Continued)				
<b>A.</b>	AD	WIINISTRATIVE REVIEW (Continued)	YES	NO	N/A	
	8.	FUNCTIONAL TIMESHEETS	110	NO	IVA	
	•	Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated	$\boxtimes$			
	•	within the last 2 years? [R. H. Section 11331] Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)				
		nments: viewed CHAT staff's functional time sheets. Informed Ms. Allstead the endars to track activities in case monitored by Cal EMA.	at staff	need to	keep	
	9.	DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER				
	•	Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?	$\boxtimes$			
		<ul> <li>Name of individual who approves purchases. <u>Karen Carey</u></li> <li>Name of individual who writes checks. <u>Linda Rond</u></li> <li>Name of individual(s) who signs checks. <u>Karen Carey</u></li> </ul>				
	10.	SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]				
	•	Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?				
	•	Does the project maintain an accurate inventory log of equipment purchased with grant funds?	$\boxtimes$			
	Com	ments: use QuickBooks software, fund accounting system. Have a process of a chases.	recordin	ig equip	ment	
	11.	PROJECT EXPENDITURES				
	•	Is the project's expenditure rate commensurate with the elapsed period of the grant?	$\boxtimes$			
	•	Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?				
	•	Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?	$\boxtimes$			
	•	Is the project up-to-date with the submission of Cal EMA Form 2-201?	$\boxtimes$			

8/17/2010

Comments: reviewed 201s, general ledger, and receipts for March 2009.

۱.	ADMINISTRATIVE REVIEW (Continued)			
		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	12. MATCH REQUIREMENTS	9		
	<ul> <li>Does the project have a match requirement?</li> </ul>	$\boxtimes$		
	<ul><li>Is the project meeting the match requirement?</li></ul>	$\boxtimes$		
	<ul> <li>Review the supporting documentation to substantiate cash or in-kind match.</li> </ul>			
	Comments: <u>viewed volunteer logs</u> ; <u>documentation was missing for Operating Experimental Experiments</u> .	enses in-	kind m	atch (Kids
	13. EEO POLICY			
	Go over EEO checklist. (Separate document)	$\boxtimes$		
	Comments: recipient is in compliance; developed Bilingual Services Policy (Limits submitted it.	ed Engli	sh Prof	iciency) and

PROGRAMMATIC REVIEW			
GENERAL	YES	NO	N/A
1. PROGRAM GOALS AND OBJECTIVES			
• Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the	$\boxtimes$		
<ul> <li>project meeting the program goals and objectives?</li> <li>Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?</li> </ul>		$\boxtimes$	
Comments:			
2. PROGRESS REPORT			
Discuss and review the programmatic Progress Report requirements.	$\boxtimes$		
Comments: 6-month report: A) 19 B) 41 C) 1 D) 8—all on target.			
3. SOURCE DOCUMENTATION-Programmatic			
<ul> <li>Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?</li> </ul>			
<ul> <li>Review the project's file system and data collection process.</li> </ul>			
Comments: use R-Client software, viewed printouts used for making reports.			
4. OPERATIONAL AGREEMENTS			
<ul> <li>Does the project have current Operational Agreements as required by the Grant Award Agreement?</li> </ul>			
Comments: viewed Operational Agreements.			
5. PROJECT STAFF DUTIES			
<ul> <li>Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?</li> </ul>			
Comments: <u>interviewed all CHAT staff.</u>			

•	SUPPLEMENTAL PROGRAMMATIC REVIEW Describe "how" staff does these? (Quality)	YES	NO	N/A	
		ILD	110	IV/A	
1.	Does the project provide one-on-one therapeutic services by licensed clinicians? How? If not, explain the therapeutic mode.	$\boxtimes$			
	nments:75 FTE therapist; interviewed therapist and program manager; interviewed	erviewe	d clinic	cal	
sup	ervisor; quality services provided.	75)			
2.	Does the project provide information and referral to the local Victim				
	Witness Assistance Center for victim compensation benefits? How?	$\boxtimes$		Ш	
Con	mments: provide clients with a referral fact sheet on VW.				
3.	Does the project provide information and referral to the local Victim				
	Witness Assistance Center for assistance, advocacy, and support during judicial/legal proceedings? How?	$\boxtimes$			
Coı	mments:				
4.	Does the project use volunteers? How? If not, has the project received a volunteer waiver for the current grant award period?	$\boxtimes$			
Cor	nments: clients don't have court involvement; agency does provide legal assistance.				
5.	Have volunteers completed the required training prior to face-to-face client contact? Review documentation.	$\boxtimes$			
6.	Do volunteers complete a sign-in sheet with date, time, activities and signature of CHAT staff?				
Cor	nments:				
7	Does the project staff have documentation supporting the completion of				
	the required background checks?				
	o Reference Checks (3)	$\boxtimes$			
	<ul> <li>Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history or</li> </ul>	$\boxtimes$		П	
	FBI checks are also required)			لسط	
	<ul> <li>Department of Motor Vehicle Checks (only required if driving clients)</li> </ul>	$\boxtimes$			

Comments: reviewed three staff files; all in order.

### ADDITIONAL COMMENTS:

### Strengths:

D.

I visited Tahoe Women's Services (TWS) main office in Incline, which houses administrative functions, the counseling office in Kings Beach, and the subcontractor—Sierra Family Services (SFS). I interviewed CHAT staff during the two-day visit as well as the clinical supervisor at SFS. This is the fifth year of operating the CHAT Program. I appreciated seeing your agency for the first time and getting to know staff. Staff appeared enthusiastic, committed to the agency, and competent in their duties. During the site visit the following strengths were verified:

- Agency has numerous volunteers to assist with all is programs. Volunteers help facilitate groups for CHAT clients. A volunteer coordinator keeps good track of volunteer's activities.
- Despite funding cuts and layoffs, staff appeared positive and committed to the agency. TWS employs a strengths-based, empowerment model of working with clients.
- Strong agency collaborations among agencies in close proximity; have relationships with providers and discuss referrals.
- Multiple services are offered within this agency.
- Quality clinical services: provide clear and detailed rights statement, complaint procedure.

#### Issues to Address:

The following numbers pertain to the above areas of the performance assessment and need to be corrected. Please submit the required documents or your agency's plan to correct the issues by **November 20, 2009**. Overall, the **Programmatic Review** appears to be satisfactory. There are three programmatic issues that need to be addressed:

- On 1 of 3 child client files an assessment measure was not completed. There was no periodic evaluation
  of client progress on 2 of 3 files (Program Supplemental 1, see RFA for requirements) in treatment using
  assessment measures (must be minimum intake/assessment, every 6 months, and at termination).
   Action Needed: Describe your plan to address these issues in the corrective action letter.
- After reviewing three client redacted files, some recommendations are offered to improve services.
  - Goals are general; should also include activities to reach the goal, timeline, and treatment modalities utilized.
  - > A diagnosis was provided (DSM number), however, a written name of the diagnoses needs to be provided.
  - When referrals are made the therapist and/or advocate needs to document whether the client followed up and the result.
  - Jessica and Nina indicated a desire to revise the intake/assessment form. Consult with Shawn at Sierra Family Services on this and ideas for progress notes and treatment plan.
- On the intake assessment form there is no place to indicate whether a client has any insurance. The R-Client checklist does have a box, but does not indicate the type of insurance. If the client has insurance, but is on a waiting list or no provider is available who accepts this insurance, the client can be seen in the CHAT program. The therapist needs to document that "although the client has X insurance, it is in the client's best interest to be seen under the CHAT program immediately because (provide reasons—waiting list, bad experience at Mental Health, language issue, etc.).
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**Action Needed:** Describe your plan to address this in the corrective action letter; include clarifying with teachers the intent of the CHAT Program and how you will screen children (call parents, interview teachers for more detailed information, etc.) to ensure they have experienced abuse or victimization and updating language in Children's policy manual.

Overall, the **Administrative Review** appears to be satisfactory. There are two administrative issues that need to be addressed:

- The subcontractor, Sierra Family Services, had not been billing regularly, therefore your agency was
  unaware of how much was spent on the line item.
   Action Needed: Include in the corrective action letter how you will ensure that subcontracted clinical
  supervision provided by Sierra Family Services will be billed monthly.
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   Action Needed: Include in the corrective action letter how you will ensure documentation of match is submitted to your agency's fiscal department on a monthly basis (i.e., receipt for value of time for volunteers or value or donated space). Send me a form you will use to document the value of match or a sample of completed documentation (such as volunteer hours for October).
- The therapist, Nina, was working 32 hours instead of the 15 hours indicated on the CHAT budget. I was
  glad to see additional therapeutic hours were being provided since the budgeted amount was too low. In
  the future, a modification needs to be submitted to let me know a change has been made on the budget
  (even if the category amount does not change).

#### **Technical Assistance Provided:**

- Suggested program and fiscal staff check 201s quarterly, then in July or August, to monitor spending to date in order to ensure all funds are spent by 9/30. Discussed ideas for match.
- Discussed how to write progress notes with appropriate language to ensure services are allowable. (At-risk, prevention, parenting class, family treatment, or including the offending parent in therapy are not CHAT Program allowable costs).
- Discussed how to note assessment when child has another source of funding but cannot obtain mental health services in a timely manner.
- Emphasized children receiving group therapy must have symptoms correlating to abuse and not just be for behavioral issues or at-risk for abuse. This is why an intake is essential. Clarified that a parent support or informational group, consisting of parents of CHAT clients, could occur if the purpose is expressly to assist them in understanding their children's abuse or victimization and learning how to support their healing. Parents own abuse issues cannot be addressed in this group setting.
- Discussed innovative ideas to assist clients: add transportation line item to provide vouchers for child clients who cannot get to therapy; horse/animal therapy; and therapeutic gardening.
- Clarified that project only needs one volunteer during the year, and not necessarily 1 FTE.